

ENVIRONMENTAL SCAN

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NATIONAL CENTER FOR INFANT AND EARLY CHILDHOOD HEALTH POLICY

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Overview

Launched in 2002, the federal Maternal and Child Health Bureau's State Early Childhood Comprehensive Systems (SECCS) Initiative presents a remarkable opportunity to improve the access to and quality of services all young children and families need. It can also improve the systems of specialized services required by subgroups of young children and families who have more intensive needs due to medical conditions, developmental disabilities, or socioeconomic risks. States will have the opportunity to create strategies for bridging multiple funding streams and forging collaborative partnerships for service system integration. The goal is to support efforts by families and communities to foster the healthy development of young children. In part, SECCS builds on state and local systems-building initiatives supported through MCHB's Community Integrated Services Systems (CISS) grants, with a new focus on healthy development and school readiness.

Despite its enormous potential, the SECCS Initiative faces the same challenges that accompany the launch of any new program during tough fiscal times. Given the need to develop an effective strategy for building a statewide early childhood system, the SECCS Initiative includes a two-year planning phase followed by an implementation phase. The SECCS planning phase is an opportunity to establish a common vision among stakeholders from different state early childhood programs and services. The planning phase will also serve to develop leadership capacities, take stock of available tools and methods, and create accountability mechanisms to keep an implementation process moving effectively.

Achieving the desired outcomes of the SECCS Initiative will require addressing the deficits and gaps in current service systems. This may entail redirecting resources, pooling existing funds, and creating new procedures and service delivery pathways so that young children and their families can more easily navigate existing health and social services. The complexity of the current array of early childhood services dictates that strategic planning be state-specific, accounting for the unique way that services are and can be delivered in each state.

This brief outlines both the national and state environments and summarizes the opportunities and challenges that need to be taken into account as states move forward to develop comprehensive early childhood systems.

Assessment of Existing Early Childhood Initiatives

In 2002, the National Center for Infant and Early Childhood Health Policy surveyed state MCH/Title V directors. The survey profiled existing early childhood initiatives within states, the degree to which state MCH agencies are engaged in these initiatives, and the opportunities and challenges faced by initiatives and state MCH agencies. Published in 2004, the report *Planning for the SECCS Initiative: An Environmental Scan of Opportunities and Readiness for Building Systems* describes the policy environment surrounding the SECCS Initiative and outlines strategies for MCH agencies to raise the visibility of this community-building initiative.

The report provides states with essential information about the challenges and opportunities they face, as well as important information about potential resources that can be used. It begins by describing the state of the art in the five components of the SECCS Initiative (medical home, parenting education, early care and education, family support, and mental health). The report examines how each component of the initiative is positioned on the national policy landscape and outlines key resources available to states during their planning process. It analyzes how ongoing activi-



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ties in the MCH community relate to the goals of the SECCS Initiative. The report also describes how some of the promising practices and policy initiatives of potential partnering agencies and programs (such as education) create an opportunity for synergies. These internal and external environments shape the options available to states, desired results, and chances of success.

Opportunities and Challenges

An early childhood systems planning process is likely to encounter both opportunities and challenges within MCH programs and across partnering agencies. Each state can analyze its own opportunities and challenges as part of their SECCS Initiative planning process. The *Planning for the SECCS Initiative* report provides detailed examples of opportunities and challenges in specific areas, including:

- The leadership role of MCH;
- Strategies for integrating population-based and population-specific services for children and families;
- Framing the science and implications for early childhood in a way that engages partners; and
- Engaging decision-makers at all levels of state government.

The SECCS Initiative planning phase presents a unique opportunity to consider how promising practices from across the nation can be deployed within grantee states. At the same time, given the complexity of services for young children and their families, and the far-reaching vision of the SECCS Initiative, developing state strategic plans for building early childhood systems will require an understanding of state-of-the-art delivery and systems of early childhood services. It will also require partnering with other sectors and service systems.

Results of the Title V Survey

Participants in Current Early Childhood Initiatives

Most SECCS grantees are launching their planning processes in the midst of existing initiatives. As a result, most states will need to bridge different visions, goals, and partnerships rather than launch a single, new early childhood initiative. Nearly all states (97%) reported an existing state-level early childhood initiative. The vast majority of states (82%) reported multiple statewide early childhood initiatives.

Public and political support is critical to the success of systems building, and many grantees will need to garner additional public and political support. Half of all states reported general public support, and nearly half (45%) reported political support. For other states, a concerted effort will be needed to get communities more vested in early childhood and to engage policy-makers in the concept of improving community systems of services.

Leadership, Partnership, and Financial Support

Many state MCH agencies (40%) already hold leadership posi-

tions within an ongoing early childhood initiative. Forty-two percent of the MCH agencies indicated that an interagency coordinating council led or governed the state's initiative, and 34 percent indicated that a representative of the child-care sector led and/or governed the initiative. Mental health, Medicaid, and professional organizations were among the least frequently reported lead agencies.

State trends in MCH leadership and involvement show that a majority of state MCH/Title V programs play an active role in state early childhood initiatives and are active participants.

- Three-fourths of states (76%) reported some level of state Title V/MCH program involvement in planning and development. Only five percent stated their Title V/MCH agency was not involved with their state initiative.
- Almost two-thirds (63%) reported the MCH agency was an active collaborator in implementation.
- Nearly one-third (32%) of respondents reported the MCH agency provided funding.

Target Populations

The vast majority of states recognize the importance of early childhood. Most initiatives relating to early childhood are focused specifically on this population rather than addressing early childhood issues in the context of a broader-based policy initiative. Approximately 80 percent of states report that their state's initiative focuses exclusively on children ages zero to five. Few states focus on a targeted age group within the early childhood period. About 79 percent focus their initiatives on infants under 12 months; 84 percent on children ages one to three years; and about 76 percent on preschoolers ages three to five.

Relatively few states have included pregnancy and prenatal care as part of their main early childhood initiatives (24%). However, some states may have separate initiatives targeting pregnant women.

Components of the Initiative

Most current state early childhood initiatives include multiple components of school readiness, family support, and health care. At this point, somewhat fewer initiatives have involved mental health agencies and services. Common components include:

- Services targeting school readiness (87%)
- Family support (87%)
- Health care (84%)
- Parent education (80%)
- Mental health (74%)

Relatively few states have included several critical components of early childhood service systems in their current initiatives. Most significantly, only 47 percent of states included parent mental health as part of the initiative. This is an important gap because emerging research in health determinants and

interventions shows that parents' mental health shapes a child's social and emotional development and also influences a parent's ability to help their child access health and other services. For these reasons, it is important to further integrate mental health issues into state initiatives.

Just over half of state initiatives (58%) address dental care, even though poor dental health is reported to be the most prevalent chronic problem in school-age children. Emerging sciences show that dental caries can be greatly reduced through good oral health of the mother during pregnancy and early initiation of dental care in young children. Many dental care access problems are due to statewide issues relating to reimbursement, supply, and provider and parent knowledge, all of which can be addressed through statewide initiatives.

Neither has the medical home concept spread to all state early childhood initiatives. About 63 percent of initiatives specifically target access to medical homes. While many states do address health care generally, the medical home would add value to early childhood initiatives because it explicitly recognizes certain gaps for children. Medical homes provide valuable cross-service linkages—referring young children and parents to services, providing counseling and education, and identifying developmental problems early rather than leaving them unaddressed until school entry. One emerging promising practice is the linkage of early care and education providers to the child's pediatric provider, facilitating identification and resolution of developmental, learning, and behavioral problems. The medical home is a concept already familiar to MCH and presents an important opportunity to make substantial progress.

Challenges and Solutions to Planning and Implementation of SECCS

Understanding the barriers states perceive will help to identify specific supports states will need during the planning process. The following were the most frequently cited challenges to systems building with the SECCS Initiative:

- Financing (90%)
- Engaging certain service sectors (68%)
- Data management (61%)
- Technical assistance needs (42%)
- Creating an MCH-specific strategic plan for early childhood (34%)
- Leadership (32%)
- Collaboration (26%)

We discuss some of the key challenges in more detail below.

Financing. A set of tested strategies can be used by states to overcome some of the financing barriers to improved service systems. As developed by Hayes et al. (2003), the general approaches include:

- Using scarce resources most effectively,
- Maximizing public funding,

- Increasing flexibility in categorical funding, and
- Developing strong partnerships.

Data Collection and Monitoring: Given MCH agencies' history of using data and indicators, they are well positioned to develop plans for how data can be collected and used for the initiative. Data collection and monitoring are needed to track the outcomes that a comprehensive service system may influence. States can also use data strategically to provide critical information about performance.

Existing data sources provide an important point of departure for expanding data collection. Existing MCH data sources can be connected to other population and service sector data collection, providing a current picture of developmental "trajectories" for young children. In some cases, new data sources will be needed to fill historical gaps in areas such as the quality of health care and the extent to which parents are engaged in development-promoting parenting practices (such as reading together, and guidance and discipline). There are critical pathways to healthy development such as assuring that young children's development is assessed and appropriate referral and treatment achieved. Monitoring follow-through on service referrals is an example of a key performance measure for which data are currently lacking in most states.

Engaging and Integrating Multiple Service Sectors: The fundamental premise of the SECCS Initiative is that only cross-sector strategies can address the interrelated conditions that lead to sub-optimal health and development. As a result, the SECCS Initiative places great emphasis on partnering and collaboration. While only one-quarter (25%) of states reported collaboration would present a barrier, most states said engaging the private and mental health sectors would pose the greatest specific challenge. The most commonly identified sectors that MCH agencies consider potentially difficult to engage include:

- Private sector (42%)
- Mental health (40%)
- Medicaid (29%)
- Governor's Office (29%)
- Training/vocational education agencies (26%)
- Social services (24%)

These partnering concerns reflect the need for grantees to conduct their own environmental scans to assess both their internal and external capacity. Some states will also benefit from strategies shown to be successful in other states. At least a few states have demonstrated success in engaging one or more of these challenging sectors or partners in their initiatives. While engaging and integrating Medicaid or mental health can be difficult, it can also be highly rewarding. It provides a great opportunity for states to learn from one another and shorten the learning curve.

Leadership Lack of buy-in from key leaders and stakeholders is a challenge to any statewide planning process. This is partic-

ularly true when an initiative seeks more than incremental change, urging instead a giant leap to a highly functional and efficient system. Leadership plays a particularly important role in the planning period as MCH seeks to engage essential partners in the state initiative. MCH leadership will be necessary to persuade all vital sectors and stakeholders that the SECCS Initiative vision is congruent with their own mission and goals.

Planning and Technical Assistance: MCH will need to communicate to its staff their roles in the comprehensive early childhood service system and facilitate staff buy-in of these roles. The reported need for technical assistance shows that states recognize the complexity of involving disparate sectors that may not be accustomed to working together, further complicated by the fact that many of these agencies are already leading their own individual early childhood initiatives.

- More than half of state MCH agencies (55%) indicated a lack of internal capacity for planning, citing lack of staffing, buy-in, and expertise.
- About one-third (34%) indicated lack of an internal strategic plan for early childhood development systems-building efforts.
- About 42 percent indicated a lack of technical capacity to support planning, implementation, and/or monitoring of progress.

Conclusions

Most states are participating in the planning phase of the SECCS Initiative. Some states have significant early childhood initiatives currently underway. In some states with preexisting early childhood initiatives, MCH is an important leader or participant in planning. In other states, however, MCH either has not been actively involved or has played a less significant role.

Given these varying degrees of involvement, state MCH agencies can maximize their impact by building their internal capacity to lead and contribute. By pursuing this strategy, MCH agencies can effectively offer their substantial expertise to early childhood systems development.

Part of capacity building requires that MCH strategic planning address the “external” context. State MCH programs will need to undertake planning activities within the context of any ongoing early childhood initiatives, and communicate its role and contribution to partner agencies and stakeholders. Such a strategy will be most effective when MCH is able to understand the policy environment surrounding each of the key partners and is familiar with the current mission and emerging promising practices associated with each partner. This can lead to an “external” communications strategy that will need to be developed or strengthened in many states to ensure that all key stakeholders are engaged in the process.

The collaborative planning process will require establishing leadership, a common language, and a common vision both across sectors and within each sector and agency. Planning and

implementation will need to address the child, family, community, and societal context. To build the capacity within states to meet the demands of this far-reaching initiative, grantees can (a) define the pathways leading to chosen outcomes, (b) fill gaps in system and service infrastructure, and (c) measure how well services and systems in the pathway are performing, as well as measure the outcomes they address.

Many states face common barriers that may require more systematic solutions. Yet these barriers also present an opportunity to help states by disseminating promising practices and sharing successful strategies. Few barriers are state-specific, although each state will need to tailor strategies to its own particular structure and context of early childhood services. Fortunately, as states undertake planning of their early childhood initiatives, there are many national resources and promising practices that can be drawn from. The series of technical reports produced by the National Center for Infant and Early Childhood Health Policy provides a starting point for establishing many of the components essential to a state strategic planning process in early childhood systems development.

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